



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|------------------|---|-------------|-----------------|
| Inventor: | Sam E. Kinney Jr. | Examiner: | Jocelyn Greimel |
| Application No.: | 09/490,867 | Art Unit: | 3693 |
| Filed: | January 24, 2000 | Docket No.: | ARIBP050 |
| Title: | METHOD AND APPARATUS FOR CORRECTING FAILURES WITH PARTICIPANT ISOLATION IN A DUTCH AUCTION | | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to:
Commissioner for Patents, Mail Stop Petition, P.O. Box 1450, Alexandria, VA
22313-1450 on:

May 20

, 2007.

[Signature]
Veronica Pula

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL
FILED WITH AMENDMENT F**

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114

a. ☐ Previously submitted:

☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously
filed on _____

☐ Consider the arguments in the Appeal Brief or Reply Brief previously
filed on _____

☐ Other _____

b. ☒ Enclosed:

☒ Amendment/Reply

☐ Affidavit(s)/Declaration(s)

☐ Information Disclosure Statement (IDS)

☒ Other: Petition to Revive Unintentionally Abandoned Application

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790.00 0P

c. Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

| | | | | Small Entity | | | Large Entity | |
|-------------------------------|-----------|-----|-------|---------------|-----|----|---------------|--------|
| | | | | Rate | Fee | | Rate | Fee |
| RCE FILING FEE | | | | x \$395 = \$ | | OR | x \$790 = \$ | 790.00 |
| CLAIMS | After RCE | *HP | Extra | | | | | |
| Total | 21 | 46 | | x \$25 = \$ | | OR | x \$50 = \$ | |
| Independent | 6 | 13 | | x \$100 = \$ | | OR | x \$200 = \$ | |
| Multiple Dependent Claims | | | -0- | x \$180 = \$ | | OR | x \$360 = \$ | |
| *HP = Highest previously paid | | | | TOTAL FEES \$ | | | TOTAL FEES \$ | 790.00 |

2. Miscellaneous:

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months.
- b. ☐ Other _____

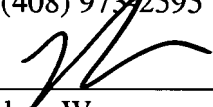
3. ☐ Applicant hereby petitions for an extension of time as follows:

| | SMALL ENTITY | | | LARGE ENTITY | |
|---|---------------|-----------|----|---------------|-----------|
| | Rate | Add'l Fee | | Rate | Add'l Fee |
| <input type="checkbox"/> Extension for Response within FIRST month | x \$60 = \$ | | OR | x \$120 = \$ | |
| <input type="checkbox"/> Extension for Response within SECOND month | x \$225 = \$ | | OR | x \$450 = \$ | |
| <input type="checkbox"/> Extension for Response within THIRD month | x \$510 = \$ | | OR | x \$1020 = \$ | |
| <input type="checkbox"/> Extension for Response within FOURTH month | x \$795 = \$ | | OR | x \$1590 = \$ | |
| <input type="checkbox"/> Extension for Response within FIFTH month | x \$1080 = \$ | | OR | x \$2160 = \$ | |

4. ☐ Applicant(s) hereby petition that any additional required extension of time be granted.
5. ☒ Enclosed is our Check No. 3025 in the amount of \$2290.00 to cover the RCE Fee and Petition to Revive an Unintentionally Abandoned Application
6. ☐ Please charge Deposit Account No. 50-0685 (ARIBP050) in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
7. ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (ARIBP050).
8. ☐ Applicant Initiated Interview Request Form.
9. ☒ Please continue to send correspondence to the following address:

CUSTOMER NO. 21912
VAN PELT, YI & JAMES LLP
 10050 N. Foothill Blvd., Ste. 200
 Cupertino, CA 95014
 Tel (408) 973-2585 Fax (408) 973-2595

Date: 5/29/07


 Robyn Wagner
 Reg. No. 50,575